

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$815.50 for date of service, 10/30/01.
- b. The request was received on 02/14/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Initial Response to Requestor's TWCC-60 received 03/26/02
 - b. Additional documentation requested on 08/05/02; however, no additional information is found in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 08/05/02. The respondent did not respond to the additional documentation. It's initial response is reflected in Exhibit II.
4. Notice of letter requesting additional information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter undated

We billed it according to the medical fee guideline. None of the codes billed are global according to the '96 MFG. The 1994 edition of the Global Service Data was the book in effect when the '96 MFG was adopted and has not been changed. Therefore 22830 80, 15734 80 and 22852 80 should be reimbursed in the amount of \$815.50 plus interest according to MFG.”

2. Respondent: No position statement found in the dispute file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/30/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$1750.00 for services rendered on the date of service in dispute above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “U693 BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURE BILLED.”; “G INCLUDED IN GLOBAL” and “X815 THIS PROCEDURE IS INCIDENTAL TO THE PRIMARY PROCEDURE, AND DOES NOT WARRANT SEPARATE REIMBURSEMENT.”
5. The Requestor has billed using modifier 80, “**Assistant Surgeon**”, for each CPT code in dispute. Pursuant to the MFG, modifier 80 reimbursement requirements are, “Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistance surgeon 70% of the time during the performance of one operative session. The reimbursement shall be 25% of the listed MAR of the surgical procedure(s).”
6. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$815.50 for services rendered on the date of service in dispute above.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/30/01	22830 80	\$1000.00	\$0.00	G	\$3,338.00	1994 Global	The Carrier has denied this service as "G – THIS PROCEDURE IS CONSIDERED INTEGRAL TO THE PRIMARY PROCEDURE BILLED." The Requestor's primary procedure is CPT Code 63042. Pursuant to the GSDOS, this service is not global to the primary procedure billed. Therefore, reimbursement in the amount of \$815.50 is recommended.
10/30/01	15734 80	\$500.00	\$0.00	G	\$1,922.00	Service Data	
10/30/01	22852 80	\$250.00	\$0.00	G	\$1,264.00	for Orthopaedic Surgery (GSDOS); MFG; SGR (I) (D) (3); CPT Descriptor	
Totals		\$1750.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$815.50 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$815.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 8th day of October 2002.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division
 DT/dt